U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9465	2 Fiscal Year Covered From
	1 / 264 Through [2 / 3] / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Harold Duplee June	Name Commun Cations workers of
	Labor Organization File Number 0/6742 Local 7220
PO Box Blog Room No If any	PO Box Building and Room Number if any
Street 14790 1372 Nd AV WE	Street 14790 3132Nd AUTONE
City Three File River FAIIS	city the River, falls, 22 2
State M NNCSOTA ZIP Code +4 5670	State MN ZIP Code +4 5670
5 Position in labor organization L. ar point 110 it. President in Section 17220 - 125 -	
Enter app upr a e-data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests	
(except as specified in the exclusions set forth in the instructions)	
A Herlan interest in engaged in transactions (including loans) with or derived income or other economic benefit of income ary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name QurEST	A RL, NP. 4 CKET 409 00
PO Box Bldg Room No If any Suite 4590	Lunch 25 00 7 1
Street 1801 CALIFORNIA ST	
CIV DENUELENS, PIRE	5,65,00
State 1 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
्र वहा क्षा विकास विकास = Signature	
15. Signa ure and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s, knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Havold Dapree	On 7-28-oS 218-681-7213 3 3 5 5 7

Date

Telephone Number